Exhibit L

September 16, 2018

In the matter of Hymes vs. Bliss

Medical Expert Opinion

I am a specialist in emergency medicine and have been board certified in emergency medicine since 1997. I am the medical director of the emergency department at Sequoia Hospital in Redwood City, CA. I am also the chairman of the Department of Emergency Medicine. I received my doctorate in medicine from the Medical College of Wisconsin in 1993. My post-doctorate training in emergency medicine was obtained at Stanford University from 1993-1996. I have been a practicing, full-time emergency physician, for the past 22 years.

I have testified as an expert witness once in the past four years (Berry v. CCSG). I have not been deposed or testified as the treating physician within the same time period.

I have not published in the last 10 years.

I have reviewed the following documents in order to familiarize myself with the case and to form my opinions:

Depositions:

Bliss Confidential	50 pages
Bliss Non-confidential	113 pages
Gray	145 pages
Hymes 8/2/17	5 pages
Hymes 5/14/18	180 pages
Jones	56 pages
Leonardini Confidential	95 pages
Leonardini Non-Confidential	112 pages
Neu Confidential	8 pages
Neu Non-confidential	101 pages
Neu Highly confidential	10 pages

Sanchez Confidential	15 pages
Sanchez Non-confidential	106 pages
Timpano	119 pages

Medical Records:

JMS medical records	35 pages
SF County Jail	728 pages
SFGH medical records	32 pages

Photographs:

DSCW0254 – DSCW0264	10 photos

Video:

Cell Extraction	13 minutes
Cell Extraction (Blood)	1 minute

Other:

Amended Complaint 3/8/18	6 pages
Incident Report & Statements	30 pages

Summary of injuries:

Physical Exam:

Two linear simple lacerations lying parallel to each other involving the lateral aspect of the right eyebrow. There is associated soft tissue swelling and mild ecchymosis. No active bleeding.

Point tenderness to bridge of nose but no soft tissue swelling or deformity. Conflicting reports of whether or not epistaxis was present. No blood in the oropharynx.

Soft tissue swelling left upper lip

CT Facial bone study:

Age-indeterminate non displaced nasal bone fracture with clear sinuses and no air fluid levels.

Questionable fracture of the right frontal process of the maxilla with no associated hematoma.

Soft tissue swelling over the right frontal, left prezygomatic, and left premandibular regions.

Multiple dental caries.

Subjective complaints:

Facial and nasal pain.

There was no mention in the medical record of any complaint of neck, back, chest, or abdominal pain. There also was no mention of nausea, vomiting, or loss of consciousness. He did complain of blurred vision but not until 11/6/14.

Treatment:

Mr. Hymes facial lacerations were closed with 6 interrupted sutures on 7/24/14. The wound healed well and the sutures were removed on 8/1/14. He was prescriped Tylenol for pain but it

was stopped on 7/31/14. Repeat x-rays of the maxilla and nasal bones were ordered but Mr. Hymes reused them.

Dicussion:

It is my opinion that the minor injuries that Mr. Hymes sustained on 7/24/2014 were consistent with the use of minimal force. The act of turning your head from side to side while in a prone position and being in an agitated state would account for all of Mr. Hymes's injuries.

The radiologist, in his report refers to an age-indeterminate nasal bone fracture. People with nasal fractures, particularly those who get into multiple fights, develop what is called a chronic nonunion. In other words, the fracture never heals. The way we sort this out is to x-ray the nasal bone in about two weeks to see if any healing has occurred. If healing has occurred then this was an acute fracture, meaning that it occurred just before the first x-ray was taken. If no healing has occurred then this was a chronic fracture and not related to the recent injury. Mr. Hymes refused to have repeat x-rays and therefore, the chronicity remains unknown. This type of nondisplaced nasal fracture is consistent with turning one's head back and forth while in a prone position.

The questionable fracture of the right frontal process of the maxilla is doubtful in my opinion. There was no associated hematoma which one would expect. Also, there was no report of soft tissue swelling or point tenderness in this area on physical exam.

The two small facial lacerations in the right eyebrow are consistent with rolling around on a hard floor. These lacerations, over the superior lateral aspect of the orbit--the most prominent bony aspect of the face, are extremely common and occur with minimal force. They tend to bleed profusely due to the facial skin's hyper-vascularity, but then stop spontaneously. The amount of blood on the floor of the cell seen in the video is consistent with this minor force injury. It is also possible that these minor lacerations were caused by a glancing blow to the edge of the toilet. They are not consistent with a direct blow which would have caused a much larger and more irregular laceration and possibly an orbital fracture. The blood loss would be much greater and it would not have stopped bleeding spontaneously. When a person sustains an unprotected fall, meaning that they cannot put their hands up to break their fall, they usually sustain more substantial facial trauma. Findings of displaced orbital fractures, cervical fractures, and intracranial hemorrhages are not uncommon. Mr. Hymes had his hands cuffed behind his back yet only sustained minor injuries. It is unlikely that he had an unprotected fall from a standing position and much more likely that he was guided to the floor where he then began to thrash about.

Thank you for allowing me to assist in this matter.

George Oldham, MD, FACEP

Chairman, Dept. of Emergency Medicine

Sequoia Hospital

170 Alameda de las Pulgas

Redwood City, CA 94062